	e of Person Filing Document:	
Your	Address:City, State, Zip Code:	
	Telephone Number: ney Bar Number (if applicable):	
Repr	esenting Self (Without a lawyer) OR ttorney for	
	SUPERIOR COURT OF AR	_
	WARICOF	PA COUNTY
In the Matter of (check one box or both boxes) ☐ The Guardianship ☐ Conservatorship of		No: PB
an Adult or a Minor.		Conservatorship
	nportant court proceeding that affects your righ do not understand this Notice, contact a lawyer	nts has been scheduled. Read this Notice carefully. If
1.	NOTICE IS GIVEN that the Petitioner has filed a Petition and other court papers with the Court. (List the title of the Petition and the titles of all papers filed in the space below):	
2.	HEARING INFORMATION. A court hear Petition and other court papers:	ing has been scheduled to consider the matters in the
	HEARING DATE AND TIME:	
	HEARING PLACE:	
	JUDICIAL OFFICER:	
3.	the court, mail a copy of the original Response to the judicial officer named above at least 5 bu person at the hearing. You must appear at the	se to the Petition. File your original written Response with to the Petitioner(s), and provide a copy of your Response siness days before the hearing. Or, you can appear in hearing only if you wish to object to the Petition.
	DATED:	
		Petitioner's Signature

FOR CLERK'S USE ONLY